

Fee: Date \_\_\_/\_\_\_/\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

FC \_\_\_ C \_\_\_

**St. Mary Catholic Church  
Religious Education Program  
Family Registration Form  
2021-22 School Year**

Religious Education Mission Statement:

To be in relationship with Jesus learning and living our Catholic faith in Him.

<b>Family Information</b>	Last Name _____ Father's Name _____
	Mother's Name _____ Mother's Maiden Name _____
	Mother's Cell _____ Father's Cell _____
	Street Address _____ City/Zip _____
	Email Address _____
	Children Live With _____ Both Parents _____ Mother _____ Father _____ Guardian
	If Guardian: Name _____ Relation _____ Phone _____

<b>Class Times</b>	Religious Education classes will be held on Wednesday evenings from 6.00-7.30 PM.
	Located at St. Mary's School, Locust & 6 West 6 <sup>th</sup> St., Door #1.
	Registration Fee per student- \$50.00 check or cash.
	Please check schedule for dates of your child's classes.

<b>Photo/Video Permission</b>	I hereby grant St. Mary Church the right and permission to use and publish the photographs/film/video tapes/ electronic representations and/or sound recordings made of my child/children this date by St. Mary Church, and I hereby release St. Mary Church from any and all liability from such use and publication.
	Signature _____ Date _____
	<input type="checkbox"/> I do not give my permission for photo/video of my child to be used by St. Mary Church

**Student Information**

Student's Full Birth Name \_\_\_\_\_ Gender: M / F

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Sacraments: Baptism Y/N Where: \_\_\_\_\_

Holy Communion Y/N Where: \_\_\_\_\_ Confirmation Y/N Where: \_\_\_\_\_

Medical Concerns, Allergies, Learning Disabilities, etc. \_\_\_\_\_

\_\_\_\_\_

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to a licensed health-care practitioner, selected by St. Mary Staff or Adult Volunteer in charge, to secure proper treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Person if Parents cannot be reached (over 18)

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Student Information**

Student's Full Birth Name \_\_\_\_\_ Gender: M / F

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Sacraments: Baptism Y/N Where: \_\_\_\_\_

Holy Communion Y/N Where: \_\_\_\_\_ Confirmation Y/N Where: \_\_\_\_\_

Medical Concerns, Allergies, Learning Disabilities, etc. \_\_\_\_\_

\_\_\_\_\_

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to a licensed health-care practitioner, selected by St. Mary Staff or Adult Volunteer in charge, to secure proper treatment.

Parent/Guardian Signature \_\_\_\_\_

Emergency Contact Person if Parents cannot be reached (over 18)

Name \_\_\_\_\_ Phone \_\_\_\_\_